



EXPRESS MAIL NO.: EL 987 061 190 US

**APPLICATION DATA SHEET**

**Application Information**

|                                |                                                      |
|--------------------------------|------------------------------------------------------|
| Application number:            | To Be Assigned                                       |
| Filing Date:                   | April 9, 2004                                        |
| Application Type:              | Non-Provisional                                      |
| Subject Matter:                | Utility                                              |
| Suggested classification:      | To Be Assigned                                       |
| Suggested Group Art Unit:      | 1645                                                 |
| CD-ROM or CD-R?                | None                                                 |
| Number of CD disks:            |                                                      |
| Number of copies of CDs:       |                                                      |
| Sequence submission?           | 2792                                                 |
| Computer Readable Form (CRF)?  | Yes                                                  |
| Number of copies of CRF:       | 1                                                    |
| Title:                         | THE SEVERE ACUTE RESPIRATORY<br>SYNDROME CORONAVIRUS |
| Attorney Docket Number:        | 20480.019                                            |
| Request for Early Publication? | No                                                   |
| Request for Non-Publication?   | No                                                   |
| Suggested Drawing Figure:      |                                                      |
| Total Drawing Sheets:          | 199                                                  |
| Small Entity?                  | No                                                   |
| Petition included?             | No                                                   |
| Petition Type:                 |                                                      |
| Licensed U.S. Gov't Agency:    | No                                                   |
| Contract or Grant No:          |                                                      |
| Secrecy Order in Parent Appl.? | No                                                   |

## **First Applicant Information**

|                                        |                                       |
|----------------------------------------|---------------------------------------|
| Applicant Authority Type:              | Inventor                              |
| Primary Citizenship Country:           | Italy                                 |
| Status:                                | Full Capacity                         |
| Given Name:                            | Rino                                  |
| Middle Name:                           |                                       |
| Family Name:                           | Rappuoli                              |
| Name Suffix:                           |                                       |
| City of Residence:                     | Castelnuovo Berardenga                |
| State or Province of Residence:        |                                       |
| Country of Residence:                  | Italy                                 |
| Street of mailing address:             | c/o Chiron Corporation, P.O. Box 8097 |
| City of mailing address:               | Emeryville                            |
| State or Province of mailing address:  | CA                                    |
| Country of mailing address:            | US                                    |
| Postal or Zip Code of mailing address: | 94662-8097                            |

## **Second Applicant Information**

|                                 |               |
|---------------------------------|---------------|
| Applicant Authority Type:       | Inventor      |
| Primary Citizenship Country:    | Italy         |
| Status:                         | Full Capacity |
| Given Name:                     | Vega          |
| Middle Name:                    |               |
| Family Name:                    | Masignani     |
| Name Suffix:                    |               |
| City of Residence:              | Siena         |
| State or Province of Residence: |               |

|                                        |                                       |
|----------------------------------------|---------------------------------------|
| Country of Residence:                  | Italy                                 |
| Street of mailing address:             | c/o Chiron Corporation, P.O. Box 8097 |
| City of mailing address:               | Emeryville                            |
| State or Province of mailing address:  | CA                                    |
| Country of mailing address:            | US                                    |
| Postal or Zip Code of mailing address: | 94662-8097                            |

### **Third Applicant Information**

|                                        |                                       |
|----------------------------------------|---------------------------------------|
| Applicant Authority Type:              | Inventor                              |
| Primary Citizenship Country:           | Austria                               |
| Status:                                | Full Capacity                         |
| Given Name:                            | Konrad                                |
| Middle Name:                           |                                       |
| Family Name:                           | Stadler                               |
| Name Suffix:                           |                                       |
| City of Residence:                     | Scharnstein                           |
| State or Province of Residence:        |                                       |
| Country of Residence:                  | Austria                               |
| Street of mailing address:             | c/o Chiron Corporation, P.O. Box 8097 |
| City of mailing address:               | Emeryville                            |
| State or Province of mailing address:  | CA                                    |
| Country of mailing address:            | US                                    |
| Postal or Zip Code of mailing address: | 94662-8097                            |

#### **Fourth Applicant Information**

|                                        |                                       |
|----------------------------------------|---------------------------------------|
| Applicant Authority Type:              | Inventor                              |
| Primary Citizenship Country:           | Germany                               |
| Status:                                | Full Capacity                         |
| Given Name:                            | Jens Peter                            |
| Middle Name:                           |                                       |
| Family Name:                           | Gregersen                             |
| Name Suffix:                           |                                       |
| City of Residence:                     | Wetter                                |
| State or Province of Residence:        |                                       |
| Country of Residence:                  | Germany                               |
| Street of mailing address:             | c/o Chiron Corporation, P.O. Box 8097 |
| City of mailing address:               | Emeryville                            |
| State or Province of mailing address:  | CA                                    |
| Country of mailing address:            | US                                    |
| Postal or Zip Code of mailing address: | 94662-8097                            |

#### **Fifth Applicant Information**

|                                 |               |
|---------------------------------|---------------|
| Applicant Authority Type:       | Inventor      |
| Primary Citizenship Country:    | United States |
| Status:                         | Full Capacity |
| Given Name:                     | David         |
| Middle Name:                    |               |
| Family Name:                    | Chien         |
| Name Suffix:                    |               |
| City of Residence:              | Alamo         |
| State or Province of Residence: | California    |

|                                        |                                       |
|----------------------------------------|---------------------------------------|
| Country of Residence:                  | United States                         |
| Street of mailing address:             | c/o Chiron Corporation, P.O. Box 8097 |
| City of mailing address:               | Emeryville                            |
| State or Province of mailing address:  | CA                                    |
| Country of mailing address:            | US                                    |
| Postal or Zip Code of mailing address: | 94662-8097                            |

### **Sixth Applicant Information**

|                                        |                                       |
|----------------------------------------|---------------------------------------|
| Applicant Authority Type:              | Inventor                              |
| Primary Citizenship Country:           | United States                         |
| Status:                                | Full Capacity                         |
| Given Name:                            | Jang                                  |
| Middle Name:                           |                                       |
| Family Name:                           | Han                                   |
| Name Suffix:                           |                                       |
| City of Residence:                     | Lafayette                             |
| State or Province of Residence:        | California                            |
| Country of Residence:                  | United States                         |
| Street of mailing address:             | c/o Chiron Corporation, P.O. Box 8097 |
| City of mailing address:               | Emeryville                            |
| State or Province of mailing address:  | CA                                    |
| Country of mailing address:            | US                                    |
| Postal or Zip Code of mailing address: | 94662-8097                            |

### **Seventh Applicant Information**

|                                        |                                       |
|----------------------------------------|---------------------------------------|
| Applicant Authority Type:              | Inventor                              |
| Primary Citizenship Country:           | United States                         |
| Status:                                | Full Capacity                         |
| Given Name:                            | John M.                               |
| Middle Name:                           |                                       |
| Family Name:                           | Polo                                  |
| Name Suffix:                           |                                       |
| City of Residence:                     | Danville                              |
| State or Province of Residence:        | California                            |
| Country of Residence:                  | United States                         |
| Street of mailing address:             | c/o Chiron Corporation, P.O. Box 8097 |
| City of mailing address:               | Emeryville                            |
| State or Province of mailing address:  | CA                                    |
| Country of mailing address:            | US                                    |
| Postal or Zip Code of mailing address: | 94662-8097                            |

### **Eighth Applicant Information**

|                                 |               |
|---------------------------------|---------------|
| Applicant Authority Type:       | Inventor      |
| Primary Citizenship Country:    | United States |
| Status:                         | Full Capacity |
| Given Name:                     | Amy           |
| Middle Name:                    |               |
| Family Name:                    | Weiner        |
| Name Suffix:                    |               |
| City of Residence:              | Fairfield     |
| State or Province of Residence: | California    |

|                                        |                                       |
|----------------------------------------|---------------------------------------|
| Country of Residence:                  | United States                         |
| Street of mailing address:             | c/o Chiron Corporation, P.O. Box 8097 |
| City of mailing address:               | Emeryville                            |
| State or Province of mailing address:  | CA                                    |
| Country of mailing address:            | US                                    |
| Postal or Zip Code of mailing address: | 94662-8097                            |

### **Ninth Applicant Information**

|                                        |                                       |
|----------------------------------------|---------------------------------------|
| Applicant Authority Type:              | Inventor                              |
| Primary Citizenship Country:           | United Kingdom                        |
| Status:                                | Full Capacity                         |
| Given Name:                            | Michael                               |
| Middle Name:                           |                                       |
| Family Name:                           | Houghton                              |
| Name Suffix:                           |                                       |
| City of Residence:                     | Danville                              |
| State or Province of Residence:        | California                            |
| Country of Residence:                  | United States                         |
| Street of mailing address:             | c/o Chiron Corporation, P.O. Box 8097 |
| City of mailing address:               | Emeryville                            |
| State or Province of mailing address:  | CA                                    |
| Country of mailing address:            | US                                    |
| Postal or Zip Code of mailing address: | 94662-8097                            |

### **Tenth Applicant Information**

|                                        |                                       |
|----------------------------------------|---------------------------------------|
| Applicant Authority Type:              | Inventor                              |
| Primary Citizenship Country:           | Korea                                 |
| Status:                                | Full Capacity                         |
| Given Name:                            | Hyun Chul                             |
| Middle Name:                           |                                       |
| Family Name:                           | Song                                  |
| Name Suffix:                           |                                       |
| City of Residence:                     | Berkeley                              |
| State or Province of Residence:        | California                            |
| Country of Residence:                  | United States                         |
| Street of mailing address:             | c/o Chiron Corporation, P.O. Box 8097 |
| City of mailing address:               | Emeryville                            |
| State or Province of mailing address:  | CA                                    |
| Country of mailing address:            | US                                    |
| Postal or Zip Code of mailing address: | 94662-8097                            |

### **Eleventh Applicant Information**

|                                 |                                     |
|---------------------------------|-------------------------------------|
| Applicant Authority Type:       | Inventor                            |
| Primary Citizenship Country:    | Korea                               |
| Status:                         | Full Capacity                       |
| Given Name:                     | Mi-Young                            |
| Middle Name:                    |                                     |
| Family Name:                    | Seo                                 |
| Name Suffix:                    |                                     |
| City of Residence:              | Sanghyun-dong Yongin-si Gyeonggi-do |
| State or Province of Residence: |                                     |



|                                        |                                       |
|----------------------------------------|---------------------------------------|
| Country of Residence:                  | South Korea                           |
| Street of mailing address:             | c/o Chiron Corporation, P.O. Box 8097 |
| City of mailing address:               | Emeryville                            |
| State or Province of mailing address:  | CA                                    |
| Country of mailing address:            | US                                    |
| Postal or Zip Code of mailing address: | 94662-8097                            |

### **Twelfth Applicant Information**

|                                        |                                       |
|----------------------------------------|---------------------------------------|
| Applicant Authority Type:              | Inventor                              |
| Primary Citizenship Country:           | United States                         |
| Status:                                | Full Capacity                         |
| Given Name:                            | John                                  |
| Middle Name:                           |                                       |
| Family Name:                           | Donnelly                              |
| Name Suffix:                           |                                       |
| City of Residence:                     | Moraga                                |
| State or Province of Residence:        | California                            |
| Country of Residence:                  | United States                         |
| Street of mailing address:             | c/o Chiron Corporation, P.O. Box 8097 |
| City of mailing address:               | Emeryville                            |
| State or Province of mailing address:  | CA                                    |
| Country of mailing address:            | US                                    |
| Postal or Zip Code of mailing address: | 94662-8097                            |

### **Thirteenth Applicant Information**

|                                        |                                       |
|----------------------------------------|---------------------------------------|
| Applicant Authority Type:              | Inventor                              |
| Primary Citizenship Country:           | Germany                               |
| Status:                                | Full Capacity                         |
| Given Name:                            | Hans Dieter                           |
| Middle Name:                           |                                       |
| Family Name:                           | Klenk                                 |
| Name Suffix:                           |                                       |
| City of Residence:                     | Marburg                               |
| State or Province of Residence:        |                                       |
| Country of Residence:                  | Germany                               |
| Street of mailing address:             | c/o Chiron Corporation, P.O. Box 8097 |
| City of mailing address:               | Emeryville                            |
| State or Province of mailing address:  | CA                                    |
| Country of mailing address:            | US                                    |
| Postal or Zip Code of mailing address: | 94662-8097                            |

### **Fourteenth Applicant Information**

|                                 |               |
|---------------------------------|---------------|
| Applicant Authority Type:       | Inventor      |
| Primary Citizenship Country:    | United States |
| Status:                         | Full Capacity |
| Given Name:                     | Nicholas      |
| Middle Name:                    |               |
| Family Name:                    | Valiante      |
| Name Suffix:                    |               |
| City of Residence:              | Fremont       |
| State or Province of Residence: | California    |

Country of Residence: United States  
Street of mailing address: c/o Chiron Corporation, P.O. Box 8097  
City of mailing address: Emeryville  
State or Province of mailing address: CA  
Country of mailing address: US  
Postal or Zip Code of mailing address: 94662-8097

### **Correspondence Information**

Correspondence Customer Number: 27476  
Name:  
Street of mailing address:  
City of mailing address:  
State or Province of mailing address:  
Country of mailing address:  
Postal or Zip Code of mailing address:  
Phone number:  
Fax Number:  
E-Mail address:

### **Representative Information**

|                                 |  |  |
|---------------------------------|--|--|
| Representative Customer Number: |  |  |
|---------------------------------|--|--|

## Domestic Priority Information

| Application :    | Continuity Type:                                        | Parent Application: | Parent Filing Date: |
|------------------|---------------------------------------------------------|---------------------|---------------------|
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/462,218          | 4/10/03             |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/462,465          | 4/11/03             |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/462,418          | 4/12/03             |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/462,748          | 4/13/03             |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/463,109          | 4/14/03             |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/463,460          | 4/15/03             |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/463,668          | 4/16/03             |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/463,983          | 4/17/03             |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/463,971          | 4/18/03             |

| Application :    | Continuity Type:                                        | Parent Application: | Parent Filing Date: |
|------------------|---------------------------------------------------------|---------------------|---------------------|
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/464,899          | 4/22/03             |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/464,838          | 4/22/03             |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/465,273          | 4/23/03             |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/465,535          | 4/24/03             |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/468,312          | 5/5/03              |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/473,144          | 5/22/03             |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/495,024          | 8/14/03             |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/505,652          | 9/23/03             |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/510,781          | 10/11/03            |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/529,464          | 12/11/03            |

|                  |                                                         |                     |                     |
|------------------|---------------------------------------------------------|---------------------|---------------------|
| Application :    | Continuity Type:                                        | Parent Application: | Parent Filing Date: |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/536,177          | 1/12/04             |
| This Application | An application claiming the benefit under 35 USC 119(e) | 60/560,757          | 4/7/04              |

#### Foreign Priority Information

|          |                     |              |                   |
|----------|---------------------|--------------|-------------------|
| Country: | Application number: | Filing Date: | Priority Claimed: |
|          |                     |              |                   |

#### Assignee Information

|                                        |                    |
|----------------------------------------|--------------------|
| Assignee name:                         | Chiron Corporation |
| Street of mailing address:             | 4560 Horton Street |
| City of mailing address:               | Emeryville         |
| State or Province of mailing address:  | California         |
| Country of mailing address:            | United States      |
| Postal or Zip Code of mailing address: | 94608              |